**It takes a village: One model to implement, support and sustain a culture of health and wellness in a large physician group.**

**Objectives:** At the end of this presentation, participants will be able to describe a tool to assess organizational culture of health. Participants will also be able to outline specific strategies utilized to design and implementa sustainable culture of health among physicians in a large integrated health-care system

**Background:** In a complex health-care systemthe strategic development of a physician wellness program requires meaningful cultural change. The strategy we used to support physician wellness in a large integrated health-care system targeted cultural change through the development of regional and local wellness leadership including a Chief Wellness Officer who reports directly to the Chief Executive Officer, wellness champions spread across more than a dozen geographical areas and wellness committees who support the regional programs and augment the specific needs of the local cultures. Regional and local wellness teams were empowered to create a wellness program based on results of a baseline needs assessment.

**Methods:** We conducted two cross-sectional web-based surveys for program evaluation. Surveys were electronically mailed to all practicing physicians in the organization at baseline and three years’ post-implementation (2013 and 2016, respectively). Surveys measured physician perceptions of the organizational culture of health using seven Likert scale items (e.g. *Our leadership’s decision supports our health and wellness*). Basic demographic information was collected, but survey responses were anonymous. We conducted t tests and estimated p-values to evaluate changes in attitudes from the baseline to follow-up surveys.

**Results**: The response rate to the baseline survey was 29% and was 37% for the follow up. The sample demographics were similar in the baseline and follow-up surveys, and reflected the characteristics of the physician work-force. Physicians were more likely to “strongly agree” or “agree” on all culture of health measures in the follow up survey, compared to baseline. (See Figure 1). The magnitude of change varied across measures from 11% to 23%. Mean scores were significantly higher at follow-up vs. baseline for all culture of health measures (p<.05).

**Conclusions:** Physicians’ perceptions of culture of health significantly increased over the three-year time period of our program implementation. This evidence suggests the implemented wellness program affected this change, however research using more rigorous research designs is needed to confirm this. Despite the positive changes observed, the results point to room for further improvement.